ACD-31015
REV. 12/96

STATE OF NEW MEXICO - TAXATION AND REVENUE DEPARTMENT

APPLICATION FOR BUSINESS TAX IDENTIFICATION NUMBER

PLEASE TYPE OR PRINT IN BLACK INK - Please read instructions on reverse

FOR OFFICE USE ONLY ❑ Flag N - No Mail

Identification Number	Date Issued	SIC Number	
-00-	mo / day / yr		❑ PERMANENT ❑ ONE-TIME ONLY ❑ NTTC ONLY

1. **Business Name** — Telephone - Home ( ) Business ( )

Mailing Address — **City** — **State** — **Zip Code**

2. Principal Business Location (Street Address - Not P.O. Box) — **City** — **State** — **Zip Code**

3. Select filing status (see instructions on reverse) ❑ Monthly ❑ Quarterly ❑ Semiannually

4. **Date business activity started or is anticipated to start in New Mexico** — month / day / year

5. **Type of Ownership (Check One)**

01	❑ Proprietorship/Sole Owner	05	❑ S Corporation	10	❑ Indian Tribe or Pueblo
02	❑ Partner/Joint Venture ❑ General ❑ Limited	06	❑ Federal Agency	11	❑ Other (Specify) _____
		07	❑ State Agency	12	❑ Exempt
03	❑ Corporation	08	❑ Munic. or County	13	❑ Non-Nexus (PL 86-272)
04	❑ Cooperative Association	09	❑ Fiduciary	14	❑ Limited Liability Co.

6. Federal ID Number (if any)

7. **Location of principal office in NM (see reverse side of page 1)** — Municipality / County — Code

8. Date began paying wages to employees in New Mexico — month / day / year

9. **Method of accounting** C ❑ Cash A ❑ Accrual (see reverse)

10. **Primary type of business in New Mexico (Check One)**

01	❑ Agriculture	04	❑ Manufacturing	07	❑ Retail
02	❑ Mining	05	❑ Trans, Comm. Utility	08	❑ Finance, Ins. & Real Estate
03	❑ Construction	06	❑ Wholesale	09	❑ Service
				10	❑ Government

11. Liquor License No.

12. State Corporation Commission No.

13. Contractor's License No.

14. Give brief description of nature of business

15. Former owner's business name and CRS identification number (See instructions on reverse)

16. Are you operating or have you operated any other business(es) in New Mexico? ❑ YES ❑ NO — If yes, give business name(s) and CRS ID number(s). (Attach separate sheet if necessary.) Name _____ CRS ID number _____

GASOLINE REGISTRATION
17. Will business sell gasoline? ❑ YES ❑ NO — If yes, check type of business 1 ❑ Retail 2 ❑ Wholesale 3 ❑ Distributor

SPECIAL FUELS
18. Will business sell special fuels? ❑ YES ❑ NO — If yes, check type of business 1 ❑ Supplier 2 ❑ Dealer

CIGARETTE OR TOBACCO SALES REGISTRATION
19. Will business sell cigarettes? ❑ YES ❑ NO
20. Will business sell tobacco products? ❑ YES ❑ NO
If yes, check type of business 1 ❑ Retail 2 ❑ Wholesale 3 ❑ Distributor 4 ❑ Manufacturer 5 ❑ Vending Machine

SEVERANCE TAX AND RESOURCES TAX REGISTRATION — Type(s) of Resources
21. Will business be engaged in severing natural resources? ❑ NO ❑ YES _____
22 Will business be engaged in processing natural resources? ❑ NO ❑ YES _____

23. **LIST OWNERS, PARTNERS, ASSOCIATION MEMBERS, CORPORATE OFFICERS OR SHAREHOLDERS**

Name and Title	Home address/City/State/Zip Code	SSN. or Fed. ID No.

I declare that the information reported on this form and any attached supplement(s) is true and correct.

PRINT NAME _____ TITLE _____ DATE _____

SIGNATURE _____

Application must be complete or processing will be delayed.
Please return **both** copies to the TAXATION AND REVENUE DEPARTMENT. OFFICE LOCATIONS ON REVERSE.